



2019-290-WS  
~~281-5~~

Phone: 803-896-5000

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## Individual Complaint Form

Date\*: Jan 8, 2020

### Complainant or Legal Representative Information:

\* Required Fields

Name \* Jean Driskill

Firm (if applicable) \_\_\_\_\_

Mailing Address \* \_\_\_\_\_

City, State Zip \* Irmo, SC \_\_\_\_\_

Phone \* \_\_\_\_\_

E-mail \_\_\_\_\_

Name of Utility Involved in Complaint: \*

### Type of Complaint (check appropriate box below.) \*

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Billing Error/Adjustments                        | <input type="checkbox"/> Deposits and Credit Establishment | <input type="checkbox"/> Wrong Rate    | <input type="checkbox"/> Refusal to Connect Service |
| <input type="checkbox"/> Disconnection of Service                         | <input type="checkbox"/> Payment Arrangements              | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Line Extension Issue       |
| <input type="checkbox"/> Service Issue                                    | <input type="checkbox"/> Meter Issue                       |  |   |
| <input checked="" type="checkbox"/> Other (be specific) Increase in Rates |  |  |   |

Have you contacted the Office of Regulatory Staff (ORS)? \* ☐ Yes ☒ No

Name of  
ORS Contact: \_\_\_\_\_

### Concise Statement of Facts/Complaint: \* (This section must be completed. Attach additional information to this page if necessary.)

I do not think I should have to pay their fines, fines.  
Also the sewer rate is 2-3 times higher than the water

### Relief Requested: \* (This section must be completed. Attach additional information to this page if necessary.)

**\*\*I GIVE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA PERMISSION TO PUBLISH THIS COMPLAINT AND ITS CONTENTS ON THE COMMISSION'S WEBSITE (dms.psc.sc.gov), AND I UNDERSTAND SUCH INFORMATION MAY BE SUBJECT TO PUBLIC SCRUTINY OR FURTHER RELEASE.** ☐ ☐

Complainant's Signature\* (MUST BE SIGNED, DO NOT PRINT)

STATE OF SOUTH CAROLINA )  
COUNTY OF \_\_\_\_\_ )

### VERIFICATION

I, \_\_\_\_\_ verify that I have read my complaint filed on \_\_\_\_\_ Date \*

Complainant's Name \*

Date \*

and know the contents thereof, and that said contents are true.

Complainant's Signature \* (MUST BE SIGNED, DO NOT PRINT)

### Internal Use Only

Processed By	Date
H.E.	

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